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**HONDURAN MINISTRY OF HEALTH PERCEPTIONS OF US MILITARY
MEDICAL CIVIC ASSISTANCE**

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Civic Assistance
Honduras
Humanitarian Assistance
Medretes

ABSTRACT

United States military medical personnel have provided humanitarian medical care in Honduras for over 20 years. Despite the long and extensive history of US Military medical activities in Honduras, the opinion of host nation health officials regarding these activities is unknown. This exploratory survey of key national Honduran Public Health leaders' opinions seeks to determine the level of awareness of US military medical actions and commonly held beliefs regarding benefits and problems associated with these activities. Nine of eleven respondents reported awareness of US military sponsored health related activities. Commonly reported perceived benefits included medical care delivered to remote locations and support of vaccination programs. Opportunities to improve included: increasing central coordination of activities, addressing language barriers, and improving communication with Honduran health care professionals.

INTRODUCTION

The Department of Defense has a long history of providing humanitarian civic assistance to developing nations.¹ Assistance usually takes the form of excess property donation, disaster assistance, transportation of privately donated goods, and civic assistance.² Civic assistance activities generally include either engineering projects such as road building and school construction or the provision of limited medical care to medically indigent populations. Stated purposes of these programs include training US military personnel and supporting US foreign policy objectives.³ The ability of humanitarian civic assistance to advance US foreign policy was demonstrated when US military medics providing civic assistance to Nicaragua in 1996 and Cambodia in 1997 became the first uniformed personnel to officially visit those nations in 17 and 22 years respectively.^{4,5}

Despite the good intentions of all parties involved with civic assistance, the value of these programs to recipient nations is not well established. Host nation leaders' perception of these programs is also unknown. The intent of this study is to clarify the prevailing opinion held by national Honduran public health leaders regarding US military medical civic assistance programs.

The extent of medical civic assistance to the developing nations of Latin America and the Caribbean is significant. For example, from 1999-2001, the Air Force alone deployed 90 medical and surgical teams to 19 different Latin American or Caribbean nations and provided treatment for 470,982 patients.⁶ Of these missions, Honduras was by far the most common destination, receiving 27 of the 90 Air Force missions. The

expense of these programs is difficult to quantify, but is likely to be significant. In 1994, it was estimated that an average Southern Command civic assistance deployment of 14-60 troops for 14 days cost \$315,000; most of which went to transportation and per diem expenses.^{2,3}

Since the early 1980's, there has been a standing US Military presence known as Joint Task Force-Bravo (JTF-Bravo) at Soto Cano Air Base near Comayagua, Honduras.⁷ US military personnel assigned to JTF-Bravo, along with Honduran liaisons facilitate frequent US military medical assistance; including field missions carried out by US military teams deployed from the continental US. The efforts of the bi-lingual Honduran physician/dentist liaisons have been instrumental in organizing and facilitating civic assistance in ways that are impossible in other nations that do not have similar services. In 2001 alone, over 41,000 Honduran patients received services through JTF-Bravo-supported health programs.⁸ JTF-Bravo also hosts US Army Medevac units equipped with Blackhawk helicopters which transport US and Honduran medical personnel to remote worksites as well as Honduran patients to Honduran hospitals.

Despite the extensive scope of US military medical assistance to Honduras, the perceptions of Honduran health leaders towards these activities is largely unknown. The opinion of Ministry of Health (MOH) officials is important for several reasons. First, it is reasonable to assume that all humanitarian medical assistance will be of maximal benefit when it is delivered in an organized fashion, with the MOH being the logical choice for lead coordinating agency. Second, US foreign policy objectives such as supporting democratic institutions are likely to be linked with host nation leaders' opinions of

assistance programs. Finally, MOH opinion will help assess effectiveness of civic assistance programs as well as provide insight towards improving these activities.

Several concerns with medical civic assistance programs lend further rationale for this study. For example, in a 1993 report to the Congress, the General Accounting Office (GAO) reported that civic assistance programs in several countries, including Honduras, were not meeting host nation needs.^{2,3} Also, it is the opinion of some international aid experts that because aid programs reinforce poor nations' feelings of powerlessness, aid programs eventually lead to recipient resentment towards donors.⁹ In the specific case of Honduras, Weisser (1993) reported that the Honduran MOH was questioning the utility of the short-term military medical interventions known as medretes.¹⁰ Finally, as a result of the uncoordinated delivery of medical assistance from a variety of non-governmental organizations, religious, and other aid groups, the Honduran MOH has recently established norms and procedures for the delivery of externally supplied medical assistance programs.¹¹

METHODS

A qualitative analysis was chosen to best explore the general themes of this largely unknown subject. To tap MOH opinion, a four question survey instrument was developed in Spanish. Open-ended questions were used and respondents were encouraged to write as much as possible. Prior to administration, the questionnaire was evaluated for clarity and face validity by native Spanish speakers, including a Honduran MOH official. The four questions (English translation) included:

- 1) Are you familiar with any activities that are brought to pass with the support of US Military Medics? If so, please write examples.

- 2) What are some of the benefits that the people of Honduras receive from the activities of military medics of the United States?
- 3) What problems may arise from the activities of US military-medics?
- 4) How can military medics improve health related activities in Honduras? How could US military medical personnel better support you as a professional?

After the investigator discussed the project with the Honduran Minister of Health (cabinet level official-head of the MOH) and received permission, questionnaires were given to various public health officials. Sampling was not random, but purposive, with an aim to sample the opinions of key top- level national leaders, particularly those who may have direct experience with US military medical civic activities. The investigator was directed to particular MOH leaders known to have specific information regarding US military medical activities. All subjects were currently working in the Capital city of Tegucigalpa, at various central MOH facilities and offices. Several had directly collaborated with US military-sponsored activities.

Questionnaires were personally delivered during June of 2002. Most subjects were given at least one week to complete the questionnaire, with retrieval from their office at a latter date. To encourage candid, forthright responses, assurance of anonymity was given to participants; they were instructed not to write their name on the form. In addition, subjects were assured that data would only be reported in aggregate form. All responses were sealed in unidentifiable envelopes, combined together, and not opened until the investigator returned to the United States. Twelve questionnaires were returned, one was blank, giving a total completion rate of 11/16 or 69%.

Responses were translated to English by a native Spanish speaker not associated with the project. The responses to each question were aggregated and qualitatively evaluated for content; grouping responses into general themes and identifying the frequency of each type of response. Although the data were collected and analyzed in a systematic and organized fashion, the intent of the study was to uncover generally held opinion and not to gather quantitative data. Tests of statistical significance, therefore, were neither done nor would be appropriate for this study.

FINDINGS

Question 1 examined awareness of US military medical activities. Nine of eleven respondents indicated that they were aware of US military sponsored medical activities. The most commonly cited example of US military sponsored activities was "medical brigades" to remote or inaccessible areas of the country. "Medical brigades" likely refer to short-term medical interventions known as "medretes". Four respondents associated activities directly with the specific US presence located at "Palmerola" (Soto Cano Air Base). Other examples included support to vaccination campaigns, dental and surgical services, care delivered in hospitals, epidemiologic investigation of infectious diseases, medical equipment maintenance, and environmental sanitation projects.

Question 2 asked subjects about perceived benefits that the Honduran people received through US military-medical activities. Responses mirrored those of question 1, with the most frequent response being delivery of medical care to remote and inaccessible populations. Vaccinations, surgical treatments, logistical and transportation support, treatment of intestinal parasitic infections, provision of emergency services, assistance with natural disasters, epidemiologic investigation of known and unknown

infectious diseases, donation of medical equipment and medications, rehabilitation service provision, and vaccination of animals were also listed. Interestingly, one respondent reported "security" as a perceived benefit, but it wasn't clear whether the respondent meant increased national security or the transient local security provided for medical operations.

Question 3 asked about perceived problems with US military-medical activities. Four respondents reported no problems. Among reported problems, the most common involved inadequate coordination of activities and inadequate communication with Honduran health professionals and officials. Another important category involved language barriers and inadequate number of translators for activities. A limited range of specialty and surgical care and lack of continuity of services were also mentioned. Finally, a single respondent reported an interesting personal observation: his/her "only concern" was that the "medical brigades have been very beneficial for military ends"-possibly indicating a philosophical objection to the military benefiting from health-related activities.

Question 4, asked for comment on ways to improve US military-medical activities in Honduras and how US military medics might better support the responding professional. This question was meant to encourage candid response regarding perceived difficulties and possible alternative actions. By far, the most common response related to improving coordination of activities and increasing communication with Honduran health officials. Seven of eleven respondents stated that improvement was needed with coordination and communication. In addition, five other responses could be grouped in three other areas that directly relate to the core issues of communication and

coordination: increasing publicity of activities, improving the referral process to Honduran hospitals for surgical care, and a request to establish relationships with the Honduran medical school and professional medical societies. Other common responses with three responses each included increasing laboratory support (particularly with infectious disease investigation) and logistical and transportation support for Honduran health-related programs. Finally, one particularly telling response suggested that US military medics plan activities with an increased "knowledge of the national (Honduran) epidemiologic profile."

DISCUSSION

The value of this study is that it is the first to systematically sample Honduran national-level MOH opinion in this important area. Honduras is an ideal country to study the effects of military medical civic assistance programs because of the long-term, extensive scope of US military medical involvement. It is impossible to generalize these findings to other nations, particularly outside of Latin America, but with the relatively large US military presence and the extensive relationships between the two nations, it is unlikely that similar programs would work better in any other developing nation.

These findings indicate that most top-level MOH personnel are aware of the US military medical activities, and that many associate them with the US presence at "Palmerola" (JTF-Bravo). They generally believe that the most common activity engaged in by US military-medics is the "medical brigades", medrete missions to remote parts of the country. Many are also aware of a wide variety of other activities performed by US military medical personnel. It is also clear that the majority feel that these interventions could be more effectively coordinated through the national MOH. Given

these results, I believe that increasing national MOH involvement will result in greater practical and political benefits for all parties.

A good starting point would be approaching the MOH's External Cooperation Unit regarding all anticipated activities. This department was created specifically to coordinate all foreign medical assistance provided to Honduras. An approval process is required prior to providing medical assistance; with the MOH retaining the option of rejecting programs that they deem inappropriate. This is in line with previous recommendations for emergency foreign assistance during disasters¹² and is even more logical when discussing non-emergency aid. At the time of my investigation, the leader of this department stated that no US military personnel or representatives had ever contacted her, but that she welcomed such contact.

The model I propose would take into account MOH objectives, US military training objectives, and US foreign policy objectives. The goal would be to plan and execute only those interventions in which MOH, military training, and foreign policy objectives overlap (see figure 1). Using this model, the MOH would be the lead agent in accepting or rejecting planned interventions. US military planners would offer aid in ways that either meet military training or foreign policy objectives, but also support MOH interests. Ideally, both parties would work to maximize efforts in ways that all three objectives could be enhanced.

Several current areas of congruent interest could be explored and possibly expanded. Assistance with logistical and transportation needs was frequently mentioned as both a benefit and a way to support the MOH. Clearly, the current activities of Medevac units meet US military training needs as well as support MOH objectives by

providing transportation to otherwise inaccessible areas. Educational activities were also frequently mentioned by MOH leaders as ways to provide support-many of which could also contribute to US military training objectives.

This approach is likely to result in both parties moving their focus beyond the traditional general medicine medrete. For example, one surprising finding was the number of respondents who believed that laboratory support and epidemiologic investigations would be helpful. JTF-Bravo would be an ideal place to provide support with regular rotations of Preventive Medicine, Public Health, Infectious Disease and Laboratory specialists who could assist the MOH reach their objectives while sharpening important readiness skills.

Likewise, medical equipment technicians could lend invaluable assistance to the MOH. Many Honduran MOH hospitals have piles of donated medical equipment that need repair. Developing a cadre of Spanish-speaking medical equipment technicians that could instruct Honduran counterparts would be beneficial to the MOH and provide technicians with an invaluable opportunity to practice their craft in austere environments as well as practice teaching and leadership skills.

General medicine medrete missions continue to be of value, but could be improved by modifications that are consistent with central MOH priorities. Several authors have already discussed the limited lasting value (to recipient communities) and potential harm that may result from medrete operations.^{1,10,13,14} Coordination of medretes with the MOH is crucial to maximizing positive long-term consequences of these short-term missions. It has been my experience that medretes are usually coordinated with local MOH personnel; however, the results of this study indicate that little coordination

takes place at the top national level. Coordinating US military aid within a national framework will increase the probability that meaningful, long-term aid is delivered.

Short-term medical missions to remote areas could be of additional value by supporting national MOH surveillance and supplementation programs. For example, medrete activities could be planned to support national programs that gather health statistics or surveillance samples in remote areas. Precedence exists for this, as at least one US Army unit has gathered nutritional survey data while conducting medrete activities.¹³ Also, simple mission modifications such as distributing Vitamin A could assist with national supplementation goals as recommended by the World Health Organization.¹⁴ The US military need not be directly responsible for these activities, but the MOH could take advantage of the transportation and security provided by the medrete to accomplish these goals in remote areas. Involving the national MOH in planning medrete sites would facilitate sending medical teams to those geographic areas that would provide maximal support to MOH objectives.

Language barriers were also clearly identified as a concern with US military medical activities. The recent creation of an international health specialist program by the Air Force is a good example of current efforts by US military medical leadership to ameliorate this weakness.⁴ Enhanced preparation of deploying military-medics, increasing knowledge of Honduran epidemiology, as suggested by one MOH respondent is equally important.

Improving coordination and communication processes with the Honduran MOH will work toward achieving both US foreign policy and Honduran MOH objectives without sacrificing military training goals. Modification of planning procedures with

regular, face to face meetings between US military medics and the MOH Department of External Cooperation personnel is a logical place to start. Jointly conducted needs assessments, taking into account MOH objectives, US military objectives and assets that could reasonably be offered would facilitate this process. Equally important would be facilitating joint creation of program evaluation measures to determine which activities provide maximal benefit to both parties.

FIGURE 1

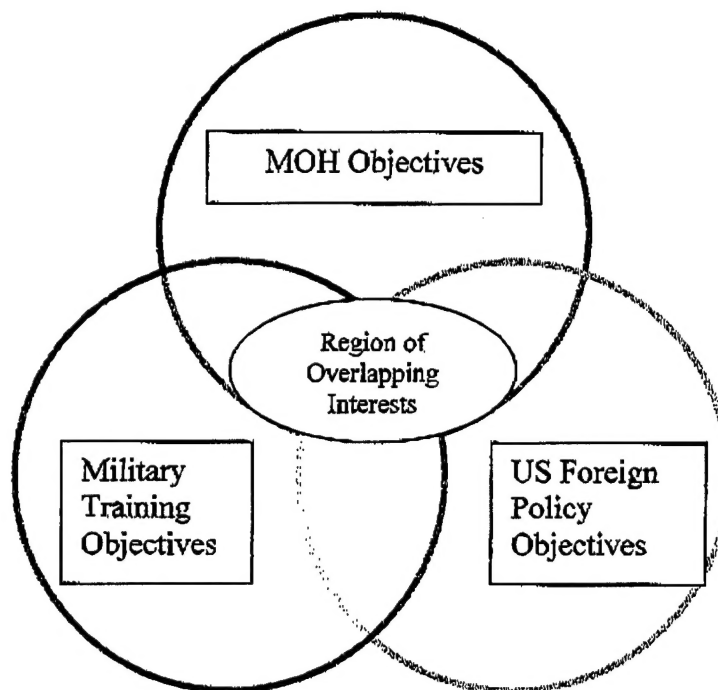


Figure 1: Model for Planning Medical Civic Assistance That Supports Both Honduran Ministry of Health (MOH) and US Military Objectives

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